

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042479

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5665

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002 Registrar's No.

FILED NOV 26 1962

VS 300
Rev. 4/59

1

26078

3

4 1

5 1

6

7 1

8 1

9 170X

10

11

12 61-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

Harry K. Cohen MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in lb

5 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

MENORAH Med. Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLAY

c. CITY OR TOWN

KANSAS CITY - 17

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

4444 RANDOLPH Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

FRANCES

BIBLER

4. DATE OF DEATH

Month

Day

Year

Nov. 7-1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-16-19

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

FOSTORIA, OHIO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

EARL H. FUNDOM

13b. MOTHER'S MAIDEN NAME

ETHEL DEATON

14. NAME OF HUSBAND OR WIFE

PAUL E. BIBLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

3 PAUL E. BIBLER - 4444 RANDOLPH Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma - left breast

DUE TO (c)

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1957

to

1962

and last saw her

alive on

11-6-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

Harry K. Cohen M.D.

22b. ADDRESS

751 E 63rd St.

22c. DATE SIGNED

11-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-10-62

23c. NAME OF CEMETERY OR CREMATOR

WHITE CHAPEL

23d. LOCATION (City, town, or county)

GLADSTONE, MO.

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons - KAN. CITY

25. DATE RECD. BY LOCAL REG.

11-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

11/20/01
Cecil
L. L. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John V. H. H. H.

Licensed Embalmer No. *4848*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.